

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

C	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
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50						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	30					

C	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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TOTAL DEP.												
TOTAL CLAIMS												